

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 25 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0421
Date: 11-4-14
Amount Paid: 290 \$20-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Steven M. & Yvonne M. Cox
Address of Property: 31870 St Hwy 13
City/State/Zip: NO. Box 452 Bayfield WI 54814
Telephone: 715 773-5608
Cell Phone:
Contractor: Contractor Phone: Plumber: Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip):
Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: NE 1/4, NE 1/4
Legal Description: (Use Tax Statement) PIN: 23 digits 0404625141910100020000
04-6-29-163
Recorded Document: (i.e. Property Ownership) 458
Volume 458 Page(s) 48
Subdivision: 684
Lot Size: 4.42 Acreage: 4.42

Section 19, Township 51 N, Range 4 W Town of: Russell

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->

Distance Structure is from Shoreline: 96 feet
Distance Structure is from Shoreline: feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

*CREEK IS NAVIGABLE PER WDNR CLASS III

Value at Time of Completion * include donated time & material

Project (What are you applying for) # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water

New Construction ☒ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City
☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☒ (New) Sanitary Specify Type: ☒ Well
☐ Conversion ☐ 2-Story ☒ 3 ☒ Sanitary (Exists) Specify Type: HT
☐ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)
☐ Run a Business on Property ☐ No Basement ☐ Portable (w/service contract)
☒ EXISTING ☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 64'4" Width: 24' Height: 15'5"
Proposed Construction: Length: 26'5" Width: Height:

Proposed Use ☒ Residential Use ☐ Commercial Use ☐ Municipal Use

Proposed Structure Dimensions Square Footage

Principal Structure (first structure on property) () () ()
Residence (i.e. cabin, hunting shack, etc.) () () ()
with Loft () () ()
with a Porch () () ()
with (2nd) Porch () () ()
with a Deck () () ()
with (2nd) Deck () () ()
with Attached Garage () () ()
Bunkhouse w/ ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities () () ()
Mobile Home (manufactured date) () () ()
Addition/Alteration (specify) () () ()
Accessory Building (specify) () () ()
Accessory Building Addition/Alteration (specify) () () ()

Rec'd for Issuance NOV 04 2014
Special Use: (explain) Residence in Commercial Zone () () ()
Conditional Use: (explain) 9429 () () ()
Other: (explain) () () ()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Steven M. & Yvonne M. Cox Date 8/25/2014
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	113 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	51 Feet	Setback from the River, Stream, Creek (water on land)	96 Feet
Setback from the North Lot Line	71 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	51 Feet	Setback from Wetland	
Setback from the West Lot Line	81 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	523 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	12.75 Feet	Setback to Well	19 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 21432	# of bedrooms: 3	Sanitary Date: 10-6-83		
Permit Denied (Date):	Reason for Denial:					
Permit #: 140421	Permit Date: 11-4-14					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deed of Record (Fused/Contiguous Lot(s)) Creek	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <u>ADDITIONAL DECK TO CLOSE TO CREEK (NATURAL PERMIT) TO STAY PER B. & H. PERMIT. DECK NEVER PERMITTED. PUT IS PRE-EXISTING LAKES CURBS.</u>						
Date of Inspection:	Inspected by: <u>CLARENCE MURPHY</u>	Zoning District: <u>(C)</u>	Lakes Classification: <u>(3)</u>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)						
<u>ADDITIONS) STAY MEET AN REQUIRED SETBACKS INCLUDING ROW TO STATE HIGHWAY</u>						
Signature of Inspector: <u>[Signature]</u>		Date of Approval: 10-21-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			



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See attached

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Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>14-0488</u>		Permit Date: <u>11-4-14</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: <u>NA</u>	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: <u>NA</u>
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:					
Date of Inspection: <u>9/16/14</u>		Inspected by: <u>Robert Schuman</u>		Zoning District (F1) Lakes Classification (NA)	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)		Date of Re-Inspection: <u>10/3/14</u>			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>10-30-14</u>			
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____	
				Hold For Fees: <input type="checkbox"/> _____	

EXISTING Compliant Non-Metallic Wine
Per Conditions of Town and Planning & Zoning Committee

